

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 21 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24513

1. PLACE OF DEATH

County JacksonRegistration District No. 5Township KawPrimary Registration District No. 10City K.C.Mo.(No. 3311 Holmes)File No. 8-11

Registered No. _____

St. _____ Ward _____

2. FULL NAME Meredith Edward Jenkins(a) Residence, No. 3311 Holmes

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMartha B. Jenkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 20, 1853

7. AGE

YEARS

81

MONTHS

1

DAYS

23

IF LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Farmer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)N.Y.

FATHER

13. NAME

John Jenkins14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Wales

MOTHER

15. MAIDEN NAME

Catherine Pugh15. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Wales17. INFORMANT
(ADDRESS)Mrs. Lucy Kiel
3311 Holmes, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill Cem. DATE July 16-3419. UNDERTAKER
(ADDRESS)C.H. Blackman & Son, Inc.
2825 Indep. Blvd. K.C.Mo.

20. FILED

7-141934mm Crowass Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13-34 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 8, 1934, to 7-13, 1934I last saw him alive on 7-1 at 9:30 PM. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis with
severe dilatation.9:30 9:30

Other contributory causes of importance:

Failing heart for
several months.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Dr. N. W. Y. att, M. D.(Address) 3850 89th

